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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90056 022 \*\*\*\*61.25

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1. Corporation Name

CARDINAL MINDSZENTY SOCIETY OF FLORIDA, INC.

Principal Place of Business

546 RUTH STREET  
PORT ORANGE FL 32127  
US

Mailing Address

546 RUTH STREET  
PORT ORANGE FL 32127  
US

411993 - 90056 - 22



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/11/1978

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HORVATH, MICHAEL J DR.  
546 RUTH ST  
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME VARKONYI, ROBERT  
STREET ADDRESS 715 ALBA DR.  
CITY-ST-ZIP ORLANDO FL

TITLE VD  
NAME PAZMADY-HORVATH, MARGARE  
STREET ADDRESS 546 RUTH ST.  
CITY-ST-ZIP PORT ORANGE FL

TITLE SD  
NAME HORVATH, MICHAEL J.  
STREET ADDRESS 546 RUTH ST.  
CITY-ST-ZIP PORT ORANGE FL

TITLE TD  
NAME GOMBOS, GEORGE  
STREET ADDRESS 942 LANERND  
CITY-ST-ZIP S. DAYTONA FL 32119

TITLE D  
NAME KOPETTI, KALMAN  
STREET ADDRESS 406 VENTURA DR.  
CITY-ST-ZIP SANFORD FL

TITLE D  
NAME KOPETTI, ELIZABETH  
STREET ADDRESS 406 VENTURA DR.  
CITY-ST-ZIP SANFORD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
D ANDREW BARDOS  
107 WINDWARD WAY  
INDIAN HARBOR BEACH, FL 32908

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
D SUSAN BARDOS  
Same

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
D BARBARA BLAIR  
1209 OAK FOREST DR.  
ORMOND BEACH, FL 32174

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL J HORVATH IV 2/99 767-4292

CR2E037 (11/98)